

The logo features a central white circle with a black silhouette of a person. Surrounding this central circle are six smaller circles, each containing a different icon: a white cross on an orange background, a white heart on a red background, a white water drop on an orange background, a white document with lines on a red background, a white pill on an orange background, and a white brain on a red background. These circles are connected by a thin white line.

SAMHSA-HRSA
CENTER for INTEGRATED
HEALTH SOLUTIONS

**Creating Partnerships that
Support Successful Client
Health Outcomes**

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Angie Berg, PBHCI Program Director, Community Alliance
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Disclaimer:

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Agenda

- Speaker Introductions
- Key Elements of Partnerships
- Primary and Secondary Partners
- What Makes a Partnership Successful
- What To Do When a Partnership Isn't Working
- Community Alliance Experience
- Other Community Partners: Why and Who
- Q & A

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Linda Ligenza, LCSW

Linda is a licensed clinical social worker and Clinical Services Director for the National Council for Behavioral Health. She provides guidance and technical assistance to SAMHSA and HRSA grantees on integrating primary care and behavioral health on behalf of the SAMHSA-HRSA Center for Integrated Health Solutions (CIHS). Linda's expertise in trauma and trauma-informed care further assists the CIHS audience to improve practices, policies, procedures, and outcomes.

Ms. Ligenza has a background in clinical, administrative, and public policy work based on her 30 year career. She worked first with the New York State Office of Mental Health and subsequently with SAMHSA in the Traumatic Stress Services Branch in the Center for Mental Health Services.

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Mindy Klowden, MNM

Mindy is the Director of Technical Assistance for CIHS and provides individualized consultation and training to community mental health centers, primary care clinics and other health care systems and providers working to integrate primary care, mental health and substance abuse treatment. Ms. Klowden also works on health care payment and delivery system reform.

Prior to joining the National Council, Mindy served as the Director of the Office of Healthcare Transformation at Jefferson Center for Mental Health in CO. In this role, she was an advisor to executive and senior management on health care policy and trends, developed key health reform initiatives, and worked to cultivate and sustain inter-agency partnerships that support the integration of behavioral health with primary care.

Previous experience includes working with the Colorado primary care association and with affordable housing and homeless service provider and advocacy groups.

Mindy earned her Master's degree in Nonprofit Management from Regis University and her Bachelor's degree in Sociology from the Colorado College.

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Angie Berg, PLMHP, CRC

Angie Berg is a Provisionally Licensed Mental Health Practitioner in the state of Nebraska. She has worked in the mental health field in a variety of capacities for over 20 years in residential and community services and currently serves as the Program Manager at Community Alliance's Integrated Primary and Behavioral Health Care Clinic.

Community Alliance provides a full array of treatment and recovery oriented services for individuals with serious and persistent mental illnesses in the Omaha area. Angie has experienced firsthand the significant progress that individuals make when a whole health approach is used.

Angie received her masters degree in Rehabilitation Administration and Community Counseling from Drake University. She is also a Certified Rehabilitation Counselor.

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Key Elements of Partnerships

Linda Ligenza



Definition of a Partnership

“a collaborative relationship between entities to work toward shared objectives through a mutually agreed division of labor.”

World Bank, Partnerships Group, Strategy and Resource Management, “Partnership for Development: Proposed Actions for the World Bank” (discussion paper, May 20, 1998), p. 5

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Key Components of Partnerships

- Leadership
- Common Understanding
- Purpose
- Culture and Values
- Learning and Development
- Communication
- Performance Management

Partnerships: Framework for Working Together guidebook
developed by CCF National Resource Center with assistance from Mark
Publow and updated in 2010 for the Department of Health and Human
Services by the National Resource Center

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Examples of Primary Partners

- Mental Health
- Addictions
- Primary Care
- Lab
- Pharmacy
- Dental
- Specialty Care
- Other Human Service Providers

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Primary Care Partnership

Partner with FQHC	92
Stand Alone	63
Partner with Non-FQHC	29
Serves as PCP for Another Agency	3

24% of grantees changed their model type during the grant

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Building Successful Partnerships

Mindy Klowden



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Integrated Care Team

A group of multidisciplinary providers working together with the patient using a shared treatment approach and assisting the patient to achieve specific physical and behavioral health outcomes.



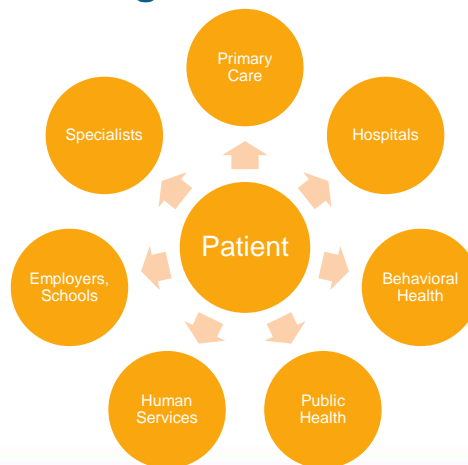
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Integrated Care Team Communication

- Daily huddles
- Weekly care team meetings
- Shared care plans
- Workflow design and refinement
- Role of the care coordinator(s)

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What would a well functioning healthcare neighborhood look like?



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Formalizing Partnerships: 1:1

- Business Associates Agreements and Releases of Information
- Memorandums of Understanding
- Care Compacts
- Contracts
- Joint Policies and Procedures
- Collaborative Decision Making

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TIPS for Successful Partnerships

- Mutually beneficial
- Buy in from the top
- Find the right “fit”
- Transparency
- Shared vision
- Written agreements
- Clearly defined roles
- Joint hiring processes, matrix management
- Policies and procedures aligned



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Common Challenges



- The bottom line
- Partners lack shared vision
- Partners do not have a solid understanding of each other's goals, expectations, resources, and limitations
- Information does not get "institutionalized"
- Inadequate communication
- Inadequate buy-in among leadership or front-line staff



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When and How to “Break Up”

- CEO level decision
- Internal and external communications are critical
- Plan for seamless transitions for clients



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Community Alliance “Break Up”

- Who we are – behavioral health org and FQHC
- What happened - the major challenge
- What we did – what the process of ‘breaking up’ looked like
- What we are doing now – our new partnership and key success tips

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Other Community Partners



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Why Look to Your Community for Other Partnerships

- Ensures/Empowers clients to utilize natural supports to increase their sense of belonging to their community
- Offsets costs associated with wellness activities
- Offers wider array of services/groups
- Educates those partners about behavioral health and integration

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Examples of Other Community Partners

- YMCA/Local Gym
- Visiting Nurse Services
- Universities
- Public Health Department
- Health Associations (Diabetes, Heart)
- Community Gardens (Hands 2 Harvest)
- NAMI-National Alliance on Mental Illness
- Local Pharmacies

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Questions



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If you would like technical assistance on this topic, please email your CIHS liaison and coordinator.



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